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| | |
|------------------------|-----------------------------|
| Application Number | 10/735,309 |
| Filing Date | 18/18/2003 |
| First Named Inventor | ARALY |
| Art Unit | 2611 |
| Examiner Name | ANITA L. CENTRAL FAX CENTER |
| Attorney Docket Number | BS 02280 |

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I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

38516

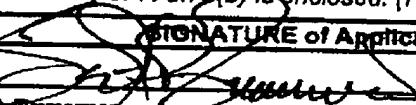
OR

| | | | | | |
|--|-------------------------|-------|-------|--------------------------|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Scott P. Zimmerman PLLC | | | | |
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

| | | | | | |
|--|---|--|-----------|----------------|--|
| SIGNATURE of Applicant or Assignee of Record | | | | | |
| Signature |  | | | | |
| Name | Scott P. Zimmerman | | | | |
| Date | | | Telephone | (919) 469-2629 | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.

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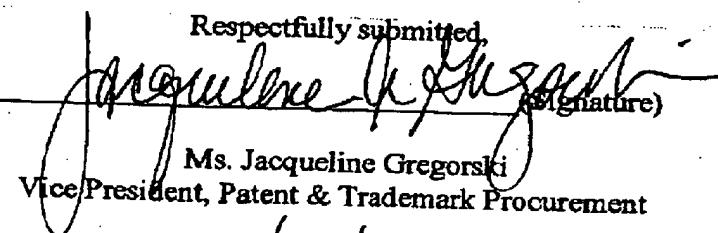
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